

TRAVEL EXPENSE CLAIM

STD 262-A (REV. 5/09)

CLAIMANT'S NAME Joan E. Denton, Ph.D.				SSN OR EMPLOYEE NUMBER				DEPARTMENT OEHHA									
POSITION Director		CB/ID NUMBER N/R		DIVISION OR BUREAU Executive Office				INDEX NUMBER 1000									
RESIDENCE ADDRESS (See Work Address)				HEADQUARTERS ADDRESS 1001 I Street				TELEPHONE NUMBER (916) 322-6325									
CITY Sacramento		STATE CA		ZIP CODE 95814		CITY Sacramento		STATE CA		ZIP CODE 95814							
(1) MONTH/YEAR April/May 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING		(5) MEALS BREAK-FAST LUNCH O.T./L.T. NC, RELO. OR DINNER		(6) INCIDENTALS		(7) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMT		(8) BUSINESS EXPENSE		(9) TOTAL EXPENSES FOR DAY			
(2) DATE	TIME																
4/3	9:00	Stockton, CA								SC		0.00		0.00			
4/16	8:00	Oakland, CA								SC		0.00		0.00			
4/29	6:00	Washington, DC								SC/A		0.00		0.00			
5/14	9:30	Oakland, CA								SC		16.25		16.25			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
(10) SUBTOTALS				0.00		0.00		0.00		0.00		16.25		0.00		16.25	
CLAIM TOTAL												\$		16.25			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)																	
4/3/09: Announcement and ceremony of the 15th Annual Environmental Challenge award winner - John Muir Elementary School fifth grade students. 4/16/09: Attend staff meetings at OEHHA Oakland office. 4/29/09: Participate in a panel discussion on Endocrine Disruptors and Persistent Organic Pollutants at U.C. Berkeley conference "Managing Biosafety and Biodiversity in a Global World." Salary-only trip. 5/14/09: Attend editing workshop at OEHHA Oakland Office.																	
(12) NORMAL WORK HOURS 0800 - 1700				AGENCY ACCOUNTING OFFICE USE ONLY													
(13) PRIVATE VEHICLE LICENSE NO.																	
(14) MILEAGE RATE CLAIMED																	
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER																	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.																	
CLAIMANT'S SIGNATURE [Signature]				DATE 5/20/09		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]						DATE					
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)												DATE					